

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS64AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2009
NAME OF PROVIDER OR SUPPLIER SANCHEZ HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4504 LA ROCA CIRCLE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 6/17/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was five. Three resident files were reviewed.</p> <p>Complaint #NV00022207 was substantiated. See Tag Y682. Additional deficiencies were identified during the investigation.</p>	Y 000		
Y 557 SS=D	<p>449.262(3)(a) Restriction on Use of Restraints</p> <p>NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 6/17/09, the facility failed to ensure restraints were not utilized for 1 of 5 residents (full bed rails used on the bed for Resident #3).</p> <p>Severity: 2 Scope: 1</p>	Y 557		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 620 SS=G	<p>449.2702(4)(a) Admission Policy</p> <p>NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.</p> <p>This Regulation is not met as evidenced by: Based on record review, observation and interview on 6/17/09, the facility admitted a bedfast resident (Resident #3).</p> <p>Findings include:</p> <p>Resident #3 was admitted to the facility on 6/5/09 with a diagnosis of lung cancer. The resident's record had no evidence of documentation of a physical examination or tuberculin testing.</p> <p>Interview with Employee #1 revealed Resident #1 was unable to move on her own. The employee reported the resident was placed on her back around 6-7:00 PM and remained in that position until the resident's daughter arrived the next day. The daughter had still not arrived at the facility by 2:00 PM on Thursday, 6/17/09.</p> <p>The hospice plan of care by the hospice nurse indicated Resident #1 was to be turned every two hours. The nursing documentation on 6/5/09 indicated the resident was admitted to the facility with a Stage II decubitus ulcer on the coccyx measuring 1.5 centimeters (cm) by 1 cm. The resident also had an open area on her right elbow</p>	Y 620		

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Y 620	Continued From page 2 measuring 1 cm by 1 cm. The nursing documentation on 6/15/09 indicated the coccyx area was reddened with superficial broken skin and maintained the same measurements. The right elbow was reddened and measured 3 cm long and <1.5 cm in width. Both areas were being treated by the nurse with wound spray. Resident #1 was asked to turn to her side and she was unable to perform the task. A telephone conversation with the hospice nurse revealed the order to turn the resident every two hours was encouraged due to the resident getting stiff and it hurt the resident to be turned. The hospice nurse stated she felt the resident would benefit from in-patient hospice care. Interview with Resident #1's daughter revealed she was aware her mother was not being repositioned every two hours. She did not feel she wanted her mother in pain and the resident preferred to be on her back. The daughter also indicated she was aware it may be time for her mother to be moved to the in-patient hospice unit. Severity: 3 Scope: 1	Y 620		
Y 682 SS=G	449.271(3) Prohibited Condition / Serious medical condit NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 3. Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive.	Y 682		

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Y 682	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility admitted a resident with a central intervenous (IV) line in place (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 6/4/09. There was no documented evidence of a physician's physical or tuberculin skin test in his file. Records received from the home health agency for the resident showed his diagnoses included bacteremia, C. difficile enteritis, hypothyroidism, diabetes Type II, tricuspid valve disease, end stage renal disease, renal dialysis and staph aureus infection. Skilled nursing visits were ordered for one time a week for one week then one time a month for two months. Physical therapy was to work with the resident two times a week for four weeks.</p> <p>Resident #1 showed the surveyor his central line located in the right clavicle (collar bone). This is an IV that has the catheter place right next to the heart. He indicated the dressing was changed at the dialysis center (Rainbow Dialysis) during his visits on Tuesdays, Thursdays and Saturdays. The dressing change requires a sterile procedure in order to prevent infection.</p> <p>Resident #1 reported he was independent in his activity of daily living needs. He stated he was unable to take a shower due to not being able to get the central line dressing wet.</p> <p>Severity: 3 Scope: 1</p>	Y 682		

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Y 859 SS=F	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the facility failed to ensure that 2 of 3 residents received a physical prior to admission (Resident #1 and #3).</p> <p>This was a repeat deficiency from the 4/08/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 859		
Y 936 SS=F	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p>	Y 936		

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Y 936	<p>Continued From page 5</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/17/09, the facility failed to ensure 2 of 3 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1 and #3) which affected all residents.</p> <p>This was a repeat deficiency from the 4/08/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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